

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000307

FILED
Apr 26, 2007
Secretary of State

Entity Name: TAMPA BAY T.E.A.M. CENTER, INC.

Current Principal Place of Business:

4802 GUNN HIGHWAY, SUITE 126
TAMPA, FL 336246348

New Principal Place of Business:

Current Mailing Address:

4802 GUNN HIGHWAY, SUITE 126
TAMPA, FL 336246348

New Mailing Address:

FEI Number: 26-0036441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MITCHELL, NANCY
4802 GUNN HIGHWAY, SUITE 126
TAMPA, FL 336246348 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MITCHELL, NANCY
Address: 4802 GUNN HIGHWAY, SUITE 126
City-St-Zip: TAMPA, FL 336246348

Title: CD () Delete
Name: BROWN, KAREN
Address: 4802 GUNN HIGHWAY, SUITE 126
City-St-Zip: TAMPA, FL 336246348

Title: D () Delete
Name: BLAIR, TRINA
Address: 4802 GUNN HIGHWAY, SUITE 126
City-St-Zip: TAMPA, FL 336246348

Title: SD () Delete
Name: GLENN, NICOLE W
Address: 4802 GUNN HIGHWAY, SUITE 126
City-St-Zip: TAMPA, FL 336246348

Title: TD () Delete
Name: GORDON, CAMELIA
Address: 4802 GUNN HIGHWAY, SUITE 126
City-St-Zip: TAMPA, FL 336246348

Title: D () Delete
Name: BURCH, PHYLLIS
Address: 4802 GUNN HIGHWAY, SUITE 126
City-St-Zip: TAMPA, FL 336246348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POPE, TRINA
Address: 4802 GUNN HIGHWAY, SUITE 126
City-St-Zip: TAMPA, FL 336246348

Title: SD (X) Change () Addition
Name: GLENN, NICOLE
Address: 4802 GUNN HIGHWAY, SUITE 126
City-St-Zip: TAMPA, FL 336246348

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY MITCHELL

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date